

Pharmacy & Therapeutics Committee Meeting
10/25/2007

Chairperson: Thomas Simpatico

Attendees: Richard Munson, Jay Batra, MaryBeth Bizzari, Steve Barden, Patrick Kinner, Anne Jerman

Recommendations stemming from last DOJ visit

We now have the Quantros system to helping us to tack adverse drug reactions and med events.

During the last DOJ visit, they were pushing us to standardize our documentation. One of these requests was for a more robust standard physicians progress note. We wanted to use this note, which is done a minimum of once a week, as way of capturing lots of information. It should let the doctors show the explicit logic and rationale behind clinical decisions.

The auto stop on PRNs is in place.

We need to routinize a way of rewriting all medication orders monthly.

We need to focus on a clear rationales for PRNs.

Dr. Simpatico and Anne Jerman will put together a trough form which includes info regarding emergency procedures, use of PRNs, refused meds, how the patient slept.

The comprehensive notes will be done once a week. Doctors will be given the LOCUS and trough forms, which will provide them with much of the information they need for the note. The comprehensive note and trough will be implemented at the same time.

Mary Beth will generate a medication profile for each patient.

Need to focus more heavily on documenting non-pharmacological therapies – they're being done all the time, but we aren't demonstrating that sufficiently.

Dr. Munson proposed that a specific time be fixed (for example, 9am) by which to get medication (PRN) order/re-orders to the pharmacy each day.

Medication Protocols

Tommie Murray is working on putting the medication protocols into the order form for the medication. This will go to Myra, who will schedule the requested tests and prompt for those. Currently the nurses put these into the treatment book. How will the doctors be reminded about this? It was suggested that these should work like the procedure for labwork for Clozapine.

There was a suggestion that doctors could do online instructional programs (via Angel) regarding the protocols, with pre and post tests. This would demonstrate understanding.

It was suggested that automated order forms (including the medication protocols) could populate dated grids. Can Myra use Psych Consult to track this?

Adverse Drug Reactions

The P&T Committee watched a walkthrough of Quantros.

Dr. Simpatico suggested that there be an in-service to help staff understand when to report adverse drug reactions. There should be a general awareness campaign for adverse drug interactions, medication errors. We can show the number being reported, and this number should increase. These numbers can be brought to the P&T Committee for review.

Anne Jerman said that the first big challenge will be getting people to report. She suggested beginning with educating the licensed staff about what they need to be reporting, what qualifies as an ADR.

Who can report? Licensed staff. (MDs, RNs, LPNs can report some kinds.) A procedure needs to be written for this.

It was suggested that VSH could have a drill where people report bogus events. A tab would need to be created for that. (A John Doe, for example.)

Anne Jerman said that David Mitchell should be asked to create a training for staff, and then he could report to the P&T Committee when all licensed staff have completed this. If it could be done online, it could be done by all on-call docs as well.

As a regular part of the P&T meeting, include the review of ADRs, med events, and build up to drug utilization evaluations. Dr. Simpatico and Anne Jerman will facilitate creation of procedures regarding asking staff to report ADRs. The ADRs will be sent to Mary Beth Bizzari in the Pharmacy, to Dr. Simpatico, and the attending physician. Anything beyond a certain category would require immediate response/action from Mary Beth and Dr. Simpatico.